

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016241

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 11 1962

VS 300
Rev. 4/59

10795

20795

3

4 C

5 1

6

7 0

8 2

94200

10

11

1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Perryville

Length of stay in 1b
32 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 307 E. South St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Perry

c. CITY OR TOWN Perryville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
307 E. South St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Gordon

Griffith

(Type or print)

4. DATE OF DEATH

Month

Day

Year

4-29-62

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☐ Divorced ☐

Widowed ☐ Married ☒

8. DATE OF BIRTH

11-30-97

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager, Lumber Co.

10b. KIND OF BUSINESS OR INDUSTRY

Miners Lumber Co. Fredericktown, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

N. C. Griffith

13b. MOTHER'S MAIDEN NAME

Elizabeth Graham

14. NAME OF HUSBAND OR WIFE

Blanche Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Blanche Griffith, 307 E. South St. Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

DUE TO (b)

Arteriosclerotic Heart Disease 5-10 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-13-60 to 4-29-62 and last saw him alive on 4-10-62

Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. L. Fairchild, M.D.

22b. ADDRESS

Perryville, Mo.

22c. DATE SIGNED

4-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-2-62

23c. NAME OF CEMETERY OR CREMATORY

Home Cemetery

23d. LOCATION (City, town, or county)

Perryville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Spring & Sons Perryville Mo

25. DATE RECD. BY LOCAL REG.

5-1-62

26. REGISTRAR'S SIGNATURE

Joe J. Zollner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 17 1962

JUL 10 1962

JUL 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.